



# Taibah University

## Journal of Taibah University Medical Sciences

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Editorial Article

## Promoting interprofessional education

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Received 12 October 2016; accepted 14 October 2016; Available online 15 November 2016



In our opening paper, Hind Fallatah asserts that in order to implement the Saudi 2030 Vision for healthcare there must be a commitment at every level to promote interprofessional education (IPE). From the outset this involves a range of stakeholders, which Alla El Awaisi and colleagues encourage in the following paper. Interprofessional experience in Saudi may, as Fallatah says, be few but accessible in neighbouring states. For example, it is found in the countries that were represented in the first Middle East Interprofessional Education Conference in Qatar in December 2015, which included papers from the region and beyond.

Begin at the end. This may seem curious advice, but it is consistent with the widespread adoption of outcome led IPE. For Kyle Wilby and his colleagues, the outcomes consist of modifying reciprocal perceptions in the expectation that relationships will then improve between the participating professionals, which in turn will lead to closer collaboration. In response to the complexity of contemporary collaborative practice, others prefer competency-based outcomes, which are comprised of either their own formulations or popular formulations that are widespread, adopted and adapted. For example, Carole Orchard and Lesley Bainbridge have summarised formulations that are widespread in Canada. The Canadian formulation is one of four, which Nurhanis Roslan and colleagues in Malaysia utilise to inform competencies for their medical students. Elizabeth Susan and Daniel Kinnair in the UK also question whether interprofessional student assessment integrated into the medical curriculum can be contained within a single competency framework.

The more widely IPE is introduced, the greater the pressure is to provide evidence to justify the investment and to verify that it can deliver what its proponents claim. Elizabeth Anderson calls for a climate of critical scholarship to sharpen the awareness of teachers and account for the interprofessional development of professionals and policy makers. Furthermore, Scott Reeves and Hugh Barr pose questions and options consistent with this purpose and mindful of the available expertise and resources.

However well-planned, IPE is no more effective than its teachers. Facilitating IPE relies not only on their calibre and commitment but also their preparation and on-going support. The literature concentrates on faculty development for IPE teachers and preparation as facilitators, but Ruby Grymonpre believes that it goes beyond that point. It also encompasses a wider role to advance the interprofessional programme and extend the repertoire of teaching and learning methods. For example, Elaine Sigalet and colleagues introduce skills in facilitating simulation based learning for newly appointed staff in a hospital setting. Preparing the IPE teachers is one aspect, but ensuring that other teachers are 'on the same side' is quite another. Mona Fasal Al-Qahtari and Salman Yousuf Guraya evaluate the readiness of faculty to introduce IPE, which is then followed by an evaluation of the students. It is reassuring to determine that attitudes in both groups were generally positive.

Dipping into these papers, you may reasonably conclude that mounting learning opportunities between the health professions is sufficiently challenging without reaching out to embrace a wider spectrum of professions. The boundaries for IPE are, however, permeable and are constantly being extended to include more professions in a variety of combinations to further collaborative practice in various fields of practice. Sundari Joseph pushes out the boundaries in three directions: first, to include international exchanges among Scottish, Australian and Japanese students; second, to include teaching and learning about arts and humanities in order to relate the personal to the professional; and, third, to extend the range of professions to include nutrition, hospital

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Peer review under responsibility of Taibah University.



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management, graphic design and public relations. Such outreach need not be confined to professions, but may also embrace a wider spectrum of academic disciplines. Shafqat Shehzed makes the case for introducing curricula into public health from policy, management and economics to better understand the social determinants of health and to produce leaders, thinkers and innovators for the future. These all-encompassing concepts sit comfortably within the wide definition of health espoused by the WHO, and its call to

internally transform professional education to engage the global crisis of a deficit in the healthcare workforce, which Hugh Barr will address in our concluding paper.

<p><b>How to cite this article:</b> Barr H. Promoting interprofessional education. <i>J Taibah Univ Med Sc</i> 2016;11(6):503–504.</p>
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